

Reinventing Medicaid: Working Group Meeting #1
Monday March 2, 2015
4:00pm – 5:30pm

Meeting Minutes

- I. Call to Order – The Chairs and the Health and Human Services Secretary Elizabeth Roberts called the meeting to order at 4:00pm, welcoming the Working Group members and the public.
- II. Greetings from the Chairs
 - a. Dennis Keefe welcomed the members and encouraged productive work in RI much like he saw in MA. Mr. Keefe noted this is an extraordinary working group and commended Governor Raimondo and Secretary Roberts on their focused innovation and strong knowledge background to move this project forward.
 - b. Ira Wilson, MD, welcomed members, reiterated that this is important work and the opportunity in RI to improve our system. In clinical life see many of the problems that we will be working on in this panel.
- III. Introductions:

Dennis Keefe with Care New England and the Hospital Association of Rhode Island; Elizabeth Burke Bryant with RI Kids Count; Stephen Farrell with United Healthcare NE; Josh Miller, Senator & Chair of Senate Health Services Committee; Chuck Jones with Thundermist Health Center; Holly Cekala with Rhode Island Communities for Addition Recovery Efforts; Matt Trimble with St. Elizabeth Community; Louis DiPalma, Senator & Vice Chair Finance Committee; Tim Babineau, MD with Lifespan; Mike Sargent sitting in today for Helena Foulkes with CVS Caremark; Hugh Hall with West View Nursing Home; Diana Franchitto with Home & Hospice Care of Rhode Island; John Gregory with the Northern RI Chamber of Commerce; Ron St Pierre sitting in today for Cheryl Johnson with Textron; Linda Katz with the Economic Progress Institute; Maria Fatima Barros with Nursing Placement, Inc; Elizabeth Lange, MD, Pediatric physician; Maureen Maigret, RN with the Senior Agenda Coalition of Rhode Island; Peter Marino with Neighborhood Health Plan; Antonio Barajas, MD, Emergency Department Physician; Dale Klatzker with the Providence Center; Sam Salganik with the Rhode Island Parent Information Network; Jon Duffy with Duffy Shanley; Peter Andruszkiewicz with BCBSRI; John Simmons with the Rhode Island Public Expenditure Council; Tom Kane with Access Point RI; Patrick Quinn with the Service Employees International Union; Ira Wilson, MD, with Brown University School of Public Health.
- IV. Reinventing Medicaid: The Initiative – Presentation by Secretary Roberts

- a. Begins by introducing Executive Office of Health and Human Services (EOHHS) directors: Maria Montanaro of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Charlie Fogarty of the Division of Elderly Affairs. Melba Depena of the Department of Human Services. Michael Fine of the Department of Health. Kevin Aucoin & Jamia McDonald of the Department of Children, Youth, and Families. Anya Rader Wallach with HealthSourceRI (a department the Secretary noted is within DOA but coordinates effectively w EOHHS on a regular basis). The Secretary also noted the Senior Team at EOHHS: Jennifer Wood, Wayne Hannon, Bruce McIntire, Deb George, Elena Nicolella, Deidre Gifford, and Matthew Harvey.
- b. The Secretary began the PowerPoint explaining the purpose, charge and process for the Working Group to Reinvent Medicaid. See reinventingmedicaid.ri.gov for presentation slides.

V. Governor Raimondo stopped by during the presentation to welcome the members and deliver brief remarks. The Governor gave a thank you to Secretary Roberts for putting time and effort into this project. She also thanked the co-chairs and all the members are giving their time to do this – the Governor reiterated that she knows this project is a lot of work in a short period of time. She noted that there is no way around the need to reform Medicaid, and that it is crucial to take a step back and think about how to redesign the system for long term success. Providing good care for the most vulnerable, and getting out of our comfort zone to do so. The fact that people from so many sectors are willing to sit around this table gives her great confidence that this system will be better. She reiterated that she and her staff are totally committed to this process, and gave the group her sincere thanks.

VI. Questions and Discussion

- a. Maureen Maigret: I would like to note that we are tied with Iowa at number eight in population 65 and over.
 - i. Note: The latest data from the U.S. Census Bureau ranks Rhode Island 10th in population aged 65 and older [2013 American Community Survey]
- b. Dennis Keefe: “This phenomena of 7% accounting for 66% of the spend is not unique to Medicaid, we see it also in Medicare. Curious about the drug cost – when we look at what we spent within the ACO, drug expense is now outpacing inpatient expense. Do we have drug expenses within other lines?”
 - i. Deidre Gifford, Medicaid Director: “Not for the most part.”
 - ii. Secretary Roberts: “Then that shows us how significant our other costs are.”
- c. Peter Andruszkiewicz: “[In graphs there is] Always the other, but I have rarely seen the ‘other’ at 19%. What is within number?”

- i. Secretary Roberts: "Eleanor Slater [Hospital] is the biggest piece of this 'other', and it doesn't go in hospital section. We can get a complete break down of that 19% for the next meeting."
- d. Linda Katz: "Another data point to drill down into should be: how many in managed care versus Fee for Service clients are there in RI?"
 - i. Secretary Roberts: "Yes, where we are programmatically, we will have that for Meeting #2, a solid drill down & present that data a few different ways."
- e. Peter Marino: "Trend data might be useful here. Points in time don't tell the whole story, trend data might be helpful for a more up to date story."
 - i. Secretary Roberts: "We will look out to you to get some of that trend data, as we look around the state. Today we were looking across regions and the nation."
- f. Patrick Quinn: "On the spend within the nursing home category, important to note that is not just health care services, that is also food, that is shelter, etc."
 - i. Secretary Roberts: "Correct, and that is also true in any institutional center."
 - 1. Quinn: "Right, we are not buying food for those in Rite Care, but we are in nursing homes. Where is assisted living in these points?"
 - a. Secretary Roberts: "Many of the assisted living homes do not take Medicaid payment – only 11 across the state. They are in the home and community based line, the 5% cost."
- g. Ira Wilson: "When we think about drugs, and home and community based services, often that's what keeps folks out of more expensive locations. It may be we have to spend more on some things to save a lot in other areas."
- h. Lou DiPalma: "It will be beneficial to tease out the data, i.e. nursing homes and hospice, the services Patrick [Quinn] was just mentioning, I think for the purposes of this group we do need to see the nitty gritty for insight."
 - i. Secretary Roberts: "That probably varies in availability. To some extent how we pay, how much pay, we want to reach out to you all, and our partners for solid information. If there are particular data points that you want to see pulled, please email us or put in the request on the website, reinventingmedicaid.ri.gov."
- i. Linda Katz: "Is staff putting together best practices from other states?"
 - i. Secretary Roberts: "We are creating a whole database around what other recent innovations in states are being done. What you can do for us is send us best practices in a particular field,

suggest that we look at some states and our staff can drill down on those.”

1. Linda Katz: “There have many different proposals in the past to address some of these same issues, will we be looking at what has been proposed and what the barriers of implementation have been, so that we don’t hit those same road blocks?”
 2. Secretary Roberts: “Our goal for the next meeting is to review the current landscape, and see the other innovations in other places, and some of the areas we have attempted to make changes and what those barriers to success have been. How do we look at spreading success more broadly – big focus of the second meeting. Again, if you have specific areas that you are brainstorming about, or which could have/should have worked, send it to us so that our team can dig deeper. “
- j. Dale Klatzker: “For the most part you have different settings listed in these data sets, but then you have behavioral health, and in many cases behavioral health costs are engulfed within the other settings. We should see if there is a way to look at that information – where are the behavioral costs when teased out?”
- i. Secretary Roberts: “Yes, we do need to dig down into that question. Behavioral health is the underlying issue across cost drivers in so many of these areas. Nationally, it is an area of failing as well – it impacts costs across the states. We need to see how to meet the needs of the individual effectively.”
 1. Maria Montanaro, BHDDH Director: “When you think about behavioral health, it is a small group of folks that make up 80% of the spend, if we can focus on those populations where we have an opportunity to make a difference we can make up a lot of said spend. Need to zero in on some of the complex cases where we spend a lot of money.”
- k. Patrick Quinn: “May I ask that we look at these in terms of end use? I.e. Energy consumption across these sectors, direct patient care, compensation, living care. That information, across all sectors will give us insight into what is efficient and what is not, and give us a handle on how to move. Re-envision in terms of where is the money going across sectors.”
- l. Secretary Roberts: “There is a lot to consider here, absolutely, and there are places to save – but nothing is off the table. We may seem some places where if we raise rates we may save money overall – could spend 10% more in one line to save 40% on another line. “

- m. Lou DiPalma: "I would note that in order for these public town hall meetings to be productive, there will need to be a very structured meeting process. Also April 22 is school vacation week."
 - i. Secretary Roberts: "We know and we struggled with that, and we will poll you all to see how much of a challenge that is."
- n. Dennis Keefe: "A number of us were on the Health Care Planning and Accountability Council, and did a final report and from that experience, the final meeting may need to be longer than the currently allotted 90 minutes."
 - i. Secretary Roberts: "Happy to take a look at that, and know we will be providing you information in advance for future meetings so that when you walk in you can mark up changes for us, take a look at other edits and go from there."
- o. Beth Lange: "How will the local meetings be advertised?"
 - i. Secretary Roberts: "The local papers, earned media, virally, Chambers of Commerce, Boards, Consumer based Advocacy list servs etc. Any advice you have for us will be much appreciated. Also if you have groups you can spread the word to, we will give you a notice to send out to your lists, to get the info out and protect your contacts information."
- p. Governor Raimondo, responding to the slide on the timetables: "March 12 I will put in a budget with goals, then May 1 a budget amendment based on your suggestions, then May – July for you to develop longer term needs to get it all done."
- q. Lou Dipalma: "Have we developed a process for those individuals who cannot get out to public meetings?"
 - i. Secretary Roberts: "Yes! We have our website, reinventingmedicaid.ri.gov which features an online form to suggest what to change and how to change it. Working to get the word out everywhere on this. Will aim to get a phone number in addition to a web presence."
- r. Elizabeth Burke Bryant: "This meeting was really well paced, and I really like that setting the ground work and moving forward. What I am thinking about in regards to the public town hall meetings, is that while you don't want to hear talking heads, I would recommend a couple of slides to set the context there as well, so they have the same ability to hear that table setting context."
 - i. Secretary Roberts: "Good idea, but keeping those under ten minutes is crucial."
- s. Patrick Quinn: "I think the most important thing to do is to create a kind of trajectory so that we aren't careening from budget cycle to budget cycle, cut after cut. The trajectory is key to try to avoid chaos."
 - i. Secretary Roberts: "This is where the Governor has said let's think about our 2016 challenge and put our ideas towards developing a system of providing services on a long term basis. Let's think about how we focus our work, our budget, and align

the people providing care around the needs of the community. This is most of what my staff and I will be doing over the next 120 days, so please give us your input. And that goes for those not at this table as well, because we couldn't have 500 people at the table, but it doesn't make anyone's voice or perspective less valuable. "

- t. Lou Di Palma: "Has there been a thought to break this [large Working] Group up into subgroups?"
 - i. Secretary Roberts: "We hesitated to ask everyone to do that as we are already asking so much of those who are a part of this process – if there are those of you who want to do that on your own, and then bring that back to the group, then we would love to have that. But people are already making a big commitment. We will reach out and tap you for additional conversations."
- u. Hugh Hall: "How will the information coming from the town hall meetings and suggestions and comments from this group be disseminated?"
 - i. Matthew Harvey, Project Director: "We will give each submission a quick polish and put the summaries up of what we learned on the website. We will do our best to make that the public repository transparent, and look into breaking down the submissions into categories."
- v. Secretary Roberts: "I would also like to introduce Eric Beane, Deputy Chief of Staff for Governor Raimondo, who is connecting the Governor's work directly with our work for this committed process."
 - i. Governor Raimondo also noted that it is important to remember that a key part of this process federal partnership, and a call is set with HHS Secretary Sylvia Burwell to discuss this further.
- w. Holly Cekala: "I would suggest that we look into a survey. A survey of consumers prior to the public town hall meetings, to reach those who may not be inclined to write up their suggestions, or come to a town hall. This way we reach more folks."

VII. Public Comment

- a. Secretary Robert called for public comment, none given.

VIII. Adjourn – Meeting adjourned 5:34pm.